



Certification Request Form

Name: _____ Student No: _____
Please PRINT student's name EXACTLY as they want it to appear on qualifications

Tel: (H) _____ Mobile: _____

Date Requested: _____ Date of Birth: _____

Please note: *Qualifications, Certificates, Statement of Academic Records or Record of Results will not be issued if there are course or college fees outstanding*

Name of Certificate Documentation		
Course Name I.e. Advanced Diploma of Clinical Naturopathy _____		
Please advise the Term of study in which you are expected to complete your studies _____		
<input type="checkbox"/> Statement of Academic Record		
<input type="checkbox"/> Record of Results		
<input type="checkbox"/> Statement of Attainment		
Please post certificate documentation to address below; please note that your identity will be verified by our staff over the telephone prior to postal delivery		
Postal Address: _____		
Suburb/Town: _____	Postcode: _____	Country: _____
Declaration and Consent		
I declare that to the best of my knowledge the information supplied in this application and the documentation supporting it are correct and complete		
Signature _____	Date _____	